

# POISONING



## Summary

Injuries from poisoning<sup>1</sup> are the second leading cause of injury hospitalization for Washington children 0-17 years old. Injury rates from poisoning were highest among the 15-17 age group. The majority of hospitalizations from poisoning were self-inflicted. Most of the deaths from poisoning in Washington children were caused by either someone else's prescription medication (32 percent), over the counter medication (26 percent), or an illegal drug (26 percent).

For strategies to prevent self-harm from poisoning, see the Suicide chapter.

Other strategies that may prevent poisoning injuries include educating families to eliminate potential hazards (such as making sure medicines, vitamins, and household cleaners are either locked with a child safety latch or out of reach), calling the national poison hotline, and preventing drug abuse. To prevent drug abuse, parents and caregivers need to talk with children about drugs, set clear limits, be a good role model, and be involved in children's lives, and communities need to support drug prevention programs.

## REAL STORIES OF POISONING DEATHS INVOLVING WASHINGTON CHILDREN

*April, age 2, died of cocaine intoxication. It was unknown how she ingested the cocaine. A crack pipe was found on the comforter next to her. The police reported many calls to this residence for drug related disturbances.*

*Heather, age 14, died of an unintentional drug overdose of ecstasy, mushrooms, and cocaine after being transported to the emergency room by medics.*

*William, age 17, was found dead in the back seat of his car after an intentional overdose of over-the-counter medications. According to the receipts found in the back seat, he had purchased the medications at four different stores.*

<sup>1</sup> Injuries due to the damaging physiologic effects of ingestion, inhalation or other exposure to a broad range of pharmaceuticals, illicit drugs, chemicals, including pesticides, heavy metals, gases, vapors, and a variety of common household substances, such as bleach and ammonia.

- Call the national poison toll-free hotline (800-222-1222) if you think a child has consumed a poisonous substance. **If the child is unconscious, having trouble breathing or non-responsive, call 911.**
- Make sure school children are well supervised after school.
- Teach children about hazards of prescription drugs.
- Always read labels on medicines and follow the directions exactly.
- Make sure household cleaners, medicines, and vitamins are either locked with a child-safety latch or are out of reach.
- Request child-resistant packaging when possible.
- Find out which plants are poisonous and recommendations about how to protect children from the plants by contacting the Washington Poison Control Center at 800-732-6985.
- Carbon monoxide detectors should be installed in all homes.
- Parents can prevent drug abuse by sensitive and responsive parenting, talking with their children about drugs before they are teens, setting clear rules for their children about drugs and consequences for breaking the rules, being a good role model, helping with peer pressure, and being involved in children's lives.
- **See Suicide chapter for suicide prevention strategies.**

PREVENTION STRATEGIES FOR COMMUNITIES

POISONING

- Support drug prevention efforts, that include:
  - School-based drug prevention programs that teach young people to resist alcohol, tobacco, and other drugs by developing personal and social skills, such as decision making, stress management, communication, social interaction, conflict resolution, and assertiveness.
  - Offer family-based prevention programs that promote positive relationships between parents and children.
- Educate children and families in their communities about poisonous substances.
- The local system of emergency response providers should be trained and knowledgeable regarding how to respond to and care for poisonings in children.
- Distribute, install, and maintain carbon monoxide detectors for low-income families.
- Support comprehensive laws requiring carbon monoxide detectors that are hard wired in all existing and new structures.
- **Support suicide prevention programs (see Suicide chapter).**

## Number of Injuries<sup>2</sup>

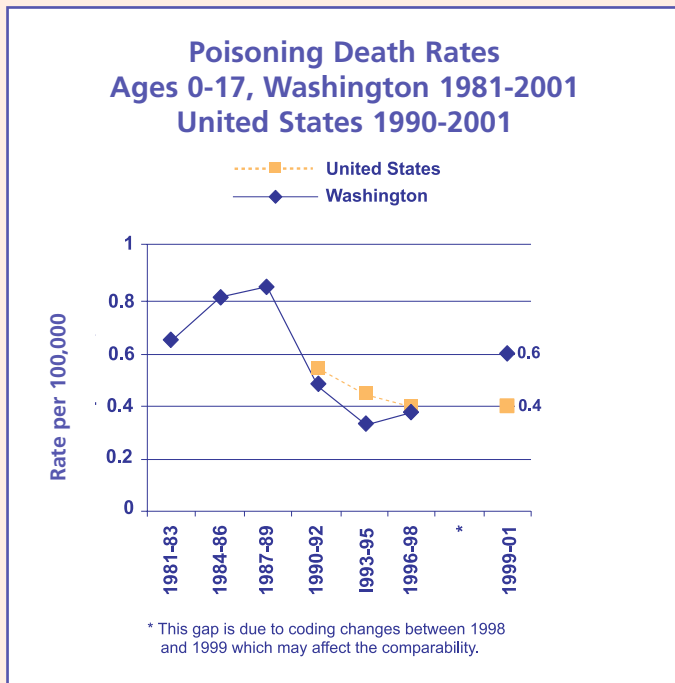
During 1999-2001, poisoning injuries were the second leading cause of injury hospitalization for Washington children 0-17 years old. Poisoning injuries among Washington children 0-17 years old account for an annual average of:

- 9 deaths.
- 465 hospitalizations.
- About 3,490 visits to a hospital emergency department.

## Time Trends<sup>3</sup>

There has been little change in the poisoning death rates for Washington children 0-17 years old, from the three-year time period of 1981-83 to 1999-2001. Because of the small number of poisoning deaths, there is insufficient data to detect a statistically significant trend in death rates over time.

Poisoning death rates in Washington have been similar to national rates since 1990.<sup>4</sup>



## Intent

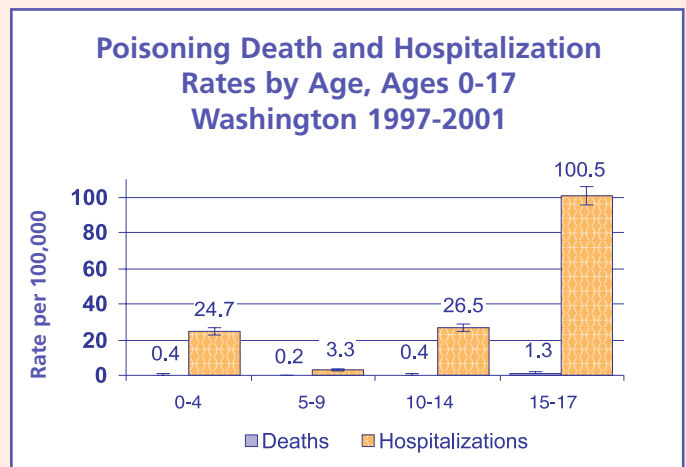
Among Washington children 0-14 years old, the majority of poisoning deaths were either unintentional (38 percent) or undetermined (44 percent). The majority of poisoning hospitalizations were unintentional (57 percent).

Among teens 15-17 years old, the majority of poisoning deaths were either unintentional (55 percent) or self-inflicted (36 percent). The majority of poisoning hospitalizations were self-inflicted (75 percent).

## Age and Gender

The highest poisoning death and hospitalization rates were among Washington children 15-17 years old.

Males had a poisoning death rate that was about two times higher than females. However, the poisoning hospitalization rate was about two times higher for females than males.



<sup>2</sup> Unless otherwise specified, data are for fire and burn injuries among children 0-17 years old during 1999-2001, except in the age and gender section, which is for 1997-2001. Rates are per 100,000 children who are Washington residents.

<sup>3</sup> See Comparability Ratio section in Appendix D.

<sup>4</sup> National injury death rates for children 0-17 years old are not available prior to 1990.

## CIRCUMSTANCES SURROUNDING DEATHS FROM WASHINGTON CHILD DEATH REVIEW DATA

Local child death review teams reviewed 19 of the 24 poisoning deaths<sup>5</sup> during 1999-2001.

Key findings include:

- The primary causes of poisoning deaths were prescription medication (six deaths), over the counter medication (five deaths), or an illegal drug (five deaths).
- For the eight adolescents 15-17 years old, three died from over the counter medication, three from an illegal drug, and two from prescription medication.
- Only one involved substance was stored in a locked area.
- None of the substances accessed by the four infants or toddlers were known to be in safety packaging.
- For the one death due to carbon monoxide poisoning, there was no carbon monoxide detector in the house.
- The medications involved were dispensed incorrectly according to the package or health professional instructions in five of the deaths. In these five deaths, the parents made the error in four cases, and the physician in one case.
- The Poison Control Center was called in only one unintentional overdose of a medication.
- Impairment by or use of alcohol and/or other drugs were a factor in ten of the deaths reviewed. The youth was the one impaired in eight of the deaths, the supervising adult in one, a friend in one, and a boyfriend in one.<sup>6</sup>
- Teams concluded that 14 of the 19 poisoning deaths were preventable, three were not preventable, and the teams were unable to determine preventability in two cases.

<sup>5</sup> See Small Numbers section of Appendix D.

<sup>6</sup> Persons impaired may total more than the number of deaths because more than one party could have been impaired.